

Entered - 10/01/01 - sb
CL01L0594 - DIANNE C. MITCHELL

CLAIM OF: **DENISE PYRON**
1777 Cherry Valley Circle
Atlanta, Georgia 30316

01- R-1750

For damages alleged to have been sustained as a result of a vehicular accident on May 1, 2001 at Little and Crew Streets.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **DENISE PYRON** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on May 1, 2001 at Little and Crew Streets as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0594

Date: October 16, 2001

Claimant /Victim DENISE PYRON

BY: (Atty)(Ins. Co.)

Address: 1777 Cherry Valley Circle, Atlanta, Georgia 30316

Subrogation: Claim for Property damage \$ 2,221.23 Bodily Injury \$

Date of Notice: 09/11/01 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 05/01/01 Place: Little and Crew Streets

Department Police Division:

Employee involved William C. Gordon Disciplinary Action: No Action Taken

NATURE OF CLAIM: The driver of the City vehicle backed into the claimant's parked vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee X Claimant Others Written Oral X

Pictures Diagrams Reports: Police X Dept Report Other

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

Improper Notice More than Six Months Other Damages reasonable

City not involved Offer rejected Compromise settlement X

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 2,000.00 Adverse Account charged: 1A01 X 2J01 2H01

Claims Manager: Dianne C. Mitchell Concur/date 10-16-01

Committee Action: Council Action

RECEIVED

SEP 11 2001

RE: CLAIM FOR DAMAGES

Today's Date: 9-7-01

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

MUNICIPAL CLERK

ENTERED - 10-1-01 - SB
01L0594 - DIANNE MITCHELL

See attached

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ estimates property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 5-1-01 (month/day/year) 2. Time of Incident: 2306 3. Police called: yes Yes No
4. Location of incident (including street address): Little Street
5. Name of your insurance company: State Farm Insurance Policy No. 1790909-D07-11A
6. State what and how incident occurred: see attached motor vehicle accident report. My vehicle was struck while parked.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Honda 1995 599 Ewy Denise Pyron
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Ford William G. Gordon City of Atlanta Police Dep.
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: N/A
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Denise Pyron
Signature of Claimant

Denise Pyron
(Print Claimant's Name)

1777 Cherry Valley Circle
(Address)

Atlanta Ga. 30316
(City, State and Zip Code)

404-302-8452 404-243-0823
(Work Number) (Home Number)

01-R-1750